



Application No: 10/058,768

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants(s): Kay Hellig, et al.

Title: SYSTEM FOR FORMING A SEMICONDUCTOR DEVICE AND  
METHOD THEREOF

App. No.: 10/058,708 Filed: January 28, 2002

Examiner: Luhrs, Michael K. Group Art Unit: 2824

Atty. Dkt. No. 1458.TT4978

April 11, 2003

Assistant Commissioner for Patents  
Washington, D.C. 20231

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AMENDMENT/RESPONSE

Dear Sir:

In response to the Office Action mailed March 11, 2003 regarding the above captioned patent application, the Applicants(s) hereby respectfully submit the following amendment and response.

04/22/2003 NM0HMM1 00000008 010365 10058708

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PTO/SB/21 (04-03)

Approved for use through 04/30/2003. OMB 0651-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/058,708	
	Filing Date	01/28/2002	
	First Named Inventor	Kay Hellig, et al.	
	Art Unit	2824	
	Examiner Name	Michael K. Luhrs	
Total Number of Pages in This Submission	8pp + 4 cited refs.	Attorney Docket Number	1458.TT4978

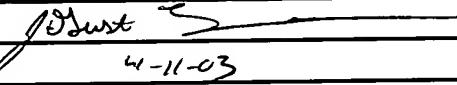
### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard Copies of Cited References
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	J. Gustav Larson, Reg. No. 39,263
Signature	
Date	4-11-03

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Typed or printed	Katrina Prati
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	Date 4/11/03

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